# UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

Shawn Tompkins	) ) )
Plaintiff(s)  v.  Julie, John Doe, Kelly Willhelme	- ) ) Civil Action No. 15-cv-50206 )
Defendant(s)	- ) )

#### **SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address) Sheriff Kelly Willhelme

THOMAS G. BRUTON CLERK, U.S. DISTRICT COURT

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Shawn Tompkins

R-45728 Danville C.C.

3820 East Main Street Danville, IL 61834

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 09/28/2015

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 15-cv-50206

### PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

This summons for (name of indiceived by me on (date)		SHERIFF K	Elly Wil	The/me
☐ I personally served the sun	nmons on the individual at	(place)		
		on (date)	; 0	r
☐ I left the summons at the in	ndividual's residence or us	ual place of abode with	(name)	
	, a person	of suitable age and discr	retion who resides	s there,
on (date)	, and mailed a copy to th	e individual's last know	n address; or	
served the summons on (	 name of individual)	JENNIKER.	DYKSTRA	, who is
designated by law to accept s	service of process on behal	f of (name of organization)	•	
WHILESOF	COUNTY JAIL	on (date) / [] - :	20-15;0	or
☐ I returned the summons ur	/			; or
☐ Other (specify):				
My fees are \$	for travel and \$	for services, fo	or a total of \$	0.00 .
I declare under penalty of per	rjury that this information i	s true.	_	
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Additional information regarding attempted service, etc:

# UNITED STATES DISTRICT COURT

for the

Northern District of Illinois

Shawn Tompkins	) ) )
Plaintiff(s) V.	- ) ) Civil Action No. 15-cv-50206
Julie, John Doe, Kelly Willhelme	) ) )
Defendant(s)	_

#### SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Nurse Julie

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Shawn Tompkins

Shawn Tompkins R-45728 Danville C.C. 3820 East Main Stree

3820 East Main Street Danville, IL 61834

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 09/28/2015 Signature of Clerk or Depu

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 15-cv-50206

### PROOF OF SERVICE

eived by me on (date)	9-28-15		
☐ I personally served th	ne summons on the individua	al at (place)	
		on (date)	; or
☐ I left the summons at	the individual's residence o	r usual place of abode with	лате)
	, a per	son of suitable age and discre	etion who resides there,
on (date)	, and mailed a copy t	to the individual's last know	address; or
I served the summon	s on (name of individual)	JENNIFER DYK	STRA, who is
designated by law to ac	cept service of process on be		
<u> </u>	-	on (date) 10 -2	20-15 ; or
☐ I returned the summo	/		; or
Othor (: 6.)			
☐ Other (specify):			
☐ Other (specify):			
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	for travel and \$	for services, for	a total of \$0.00
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My fees are \$  I declare under penalty of	of perjury that this information	on is true.  Server's sign	

Additional information regarding attempted service, etc:

## USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

,	PLAINTIFF Shawn Tompkins				COURT CASE NUMBER			
DEFENDANT Whiteside County Jail, et al.,			15 C 50206  TYPE OF PROCESS		*****			
			j	cess I <b>1 Summ</b>	nne			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESC							NDEMN	
ERVE	Sheriff Wi							
AT	ADDRESS (Street or RI	FD, Apartment No., C	City, State and ZIP C	Code)				
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ND NOTICE	OF SERVICE COPY TO F	REQUESTER AT NA	ME AND ADDRE	SS BELOW	Number of process t			
					served with this For	m 285		
1	Shawn Tomp Danville C				Number of parties to	be 2	•	
	3820 East				served in this case			
	Danville,			***************************************	Check for service			
<u></u>	61834			According to the second	on U.S.A.			
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- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/80 U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Shawn Tompkins				COURT CASE NUMBER 15 C 50206  TYPE OF PROCESS			
DEFENDANT							
Whiteside County Jail, et al.,					Summons		
	NAME OF INDIVIDUA	L, COMPANY, CO	RPORATION. ETC	C. TO SERVE OR DES	CRIPTION OF PROPERT		NDEMN
SERVE	Nurse Juli	8					
AT	ADDRESS (Street or RI	FD, Apartment No., (					
					rry Street,	Morrison,	<u> </u>
END NOTICE	OF SERVICE COPY TO F	LEQUESTER AT N	AME AND ADDRI	ESS BELOW	Number of process to b served with this Form 2		
	Ch +	1.1			301,00 77131 3713 1 3717 2		
	Shawn Tomp Danville C				Number of parties to be served in this case	2	
	3820 East				Served in this case		
1	Danville,	Illinois			Check for service on U.S.A.	At 100 100 100 100 100 100 100 100 100 10	
	_ 61834				OIL O.S.A.		
PECIAL INS	TRUCTIONS OR OTHER I	NFORMATION TH	AT WILL ASSIST	IN EXPEDITING SEF	RVICE ( <u>Include Business a</u>	and Alternate Addres	ses,
ll Telephone	Numbers, and Estimated T	mes Avanabie jor S	ervice):				Fold
Sharin	orney other Originator requ	enting per rice on our		PLAINTIFF DEFENDANT		10-9-	-201
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umber of proce Sign only for L	1011 / 305 1C	Origin	Serve		Sol	_ //	1-19-
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nereby certify	and return that I have pal, company, corporation, et	ersonally served,	have legal evidence	ce of service, have	executed as shown in "Rer	marks", the process den at the address inserte	escribed ed below.
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- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT